



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PUBLIC HEALTH REPORTS

VOL. 36

NOVEMBER 11, 1921

No. 45

THE TREATMENT OF LEPROSY WITH THE ETHYL ESTERS OF CHAULMOOGRA OIL.

Although the treatment of leprosy with the ethyl esters of chaulmoogra oil at the Leprosy Investigation Station of the Public Health Service at Kalihi, Hawaii, and at the Territorial Leper Colony at Kalaupapa, has given very encouraging results, nevertheless over-optimistic and extravagant statements which have appeared from unauthorized sources in the public press make it necessary at this time to call attention to the therapeutic status of the ethyl esters of chaulmoogra oil in the treatment of leprosy.

The ethyl esters of chaulmoogra oil may be regarded as the most valuable therapeutic agent in the treatment of leprosy which has been developed up to the present time. They are superior to chaulmoogra oil in that they (1) may be administered practically to all patients, and (2) their use, when injected subcutaneously, is not accompanied by the pain, discomfort, or slow absorption and frequent abscess formation attendant on the use of crude chaulmoogra oil.

In properly selected cases, especially in the young and in those who are in the early stages of the disease, the clinical improvement is rapid and striking. The results are less favorable in older persons and in cases of long duration. At this time we can not say that the ethyl esters of chaulmoogra oil are a cure for leprosy. The cases which have been paroled from the Leprosy Investigation Station at Kalihi and from the Territorial Leper Colony at Kalaupapa are cases which no longer exhibit clinical evidence of leprosy and in which the disease has apparently been arrested. Whether these cases of arrested disease constitute permanent cures or not is a question which only the passage of time can answer. As in the case of arrested tuberculosis, one would expect a certain percentage of relapses to occur in lepers paroled with the disease in an arrested condition. A certain percentage of these relapses do occur. Up to the present time 8 per cent of the patients paroled from the two leper institutions in Hawaii mentioned above have relapsed and have returned to these institutions for treatment.

Therefore, in regard to the treatment of leprosy with the ethyl esters of chaulmoogra oil we may say at present that their use has

resulted in the apparent cure of the disease in a considerable number of cases, but whether these "apparent cures" be permanent or not is a matter which requires time to determine. The results have, however, been so favorable as to lend a hopeful aspect to the treatment of a disease which has long been regarded as hopeless, and to lead us to believe that a therapeutic agent has been developed which surpasses in value anything which has been brought forward up to the present time.

MORBIDITY IN ENGLAND AND WALES, 1920.

The following table shows the number of cases of notifiable diseases reported in England and Wales for the calendar year 1920 and the case rates per 1,000 population.

The figures are taken from "Incidence of Notifiable Infectious Diseases in Each Sanitary District in England and Wales during the year 1920," issued by the Ministry of Health.

The population is given as 37,426,800.

Disease.	England and Wales, 1920.	
	Number of cases notified.	Rate per 1,000 population.
Cerebrospinal meningitis.....	583	0.02
Continued fever.....	35	.00
Diphtheria.....	69,481	1.86
Dysentery.....	1,353	.04
Erysipelas.....	16,051	.43
Lethargic encephalitis.....	890	.02
Malaria (contracted in England).....	32	.00
Ophthalmia neonatorum.....	10,304
Plague.....	3	.00
Pneumonia.....	38,859	1.04
Polio-encephalitis.....	36	.00
Poliomyelitis.....	283	.01
Puerperal fever.....	2,898	.08
Relapsing fever.....	7	.00
Scarlet fever.....	119,490	3.19
Smallpox.....	263	.01
Trench fever.....	39	.00
Tuberculosis (pulmonary).....	61,655	1.65
Tuberculosis (other forms).....	15,851	.42
Typhoid fever.....	3,109	.08
Typhus fever.....	2	.00

OHIO WORKMEN'S COMPENSATION ACT CONSTRUED.

DEATH FROM TYPHOID CAUSED BY DRINKING WATER IS COMPENSABLE UNDER WORKMEN'S COMPENSATION ACT.

On September 12, 1921, the Ohio Court of Appeals, first appellate district, decided ¹ that death from typhoid fever caused by drinking impure water is compensable under the workmen's compensation statute.

¹ The Industrial Commission of Ohio v. Cross et al.